FOR STATE HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any celay is necessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 37, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

VR A15ME

3500 4-64

17181 MEDICAL EXAMINER'S CERTIFICATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH

		7711111
1. PLACE OF DEATH 2. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Worcester	MARYLAND	a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural-Pocomoke City	5 days	Salisbury 2212.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS 0. IS RESIDENCE.
	mospitor, give street address,	ON A FARM?
R.F.D. 3		317 Morton Street YES NO K
3. NAME OF FIRST DECEASED	Middle	Last 4. DATE Month Day Year
(Type or print) JULIA	ROUSE A	DKINS DEATH December 29 1965
5. SEX 6. COLOR OR RACE 7. MARRIE	D X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWE		lugust 15,1900 65 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Housewife	INDUSTRY	COUNTRY?
13. FATHER'S NAME		North Carolina U.S.A.
unknown		unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 19 (Yes, no, or unknown) (If yes give war or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT Address R.F.D. 3
No	None Mr	
18. CAUSE OF DEATH (Enter only one cause per		I INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	Cyci	ite Pulmonury Lateria Ten Autis
14.2 A A IMMEDIATE CAUSE (a)	- Clos	The state of the s
TAU DUE TO	On he	sinschwolic Heart Resease years
conditions, if any, which gave rise to immediate (b)	Clare	elistroite inte
cause (a), stating the DUE TO		
underlying cause last, (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Incatac	itatul secaus	e of the fractive YES NO
# 20a. EXTERNAL CAUSE WAS 20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS 20b. PRIMARY OF CONTRIBUTIONS CONTRIBUT		
3 20c. TIME OF INJURY Month, Day, Year 20d.	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. Whi p.m. 19 at w.	Not While	ry, street, office bldg., etc.)
		ld an Autopsy , Inspection X, Inquiry X, and in my opinion
21. I certify that I took charge of the re		
death resulted from: Natural causes	, Accident , Sui	cide, Homicide, Undetermined manner
Language S. A.	0. 5	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE DUVE	K-M) 1	_M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S DAVID O	150	DEPUTY MEDICAL EXAMINER 12/30/65
NAME (Type)	4147	Address (Street, city, town, or county)
238. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 7 7 7 7 6 6	23c. NAME OF CEMETERY	ERCEPTIATION (23d. LOCATION (City, town or county) (State)
Burial 1-1-1966	Klej Grange	Methodist Worcester County, Md.
24. FUNERAL DIRECTOR	ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Frank H un Kon	ocomoke City	Md. DATEAN 3 1966 Cleanles Judge
Marin IV. Warson	COCHORE OILLY	TACL TORIE

NEST AN ATASHINAL STEAMAN E MARKET IN A PRESENT column bank on #a 0011,11 dru, w and the state of t All yet a second of the second

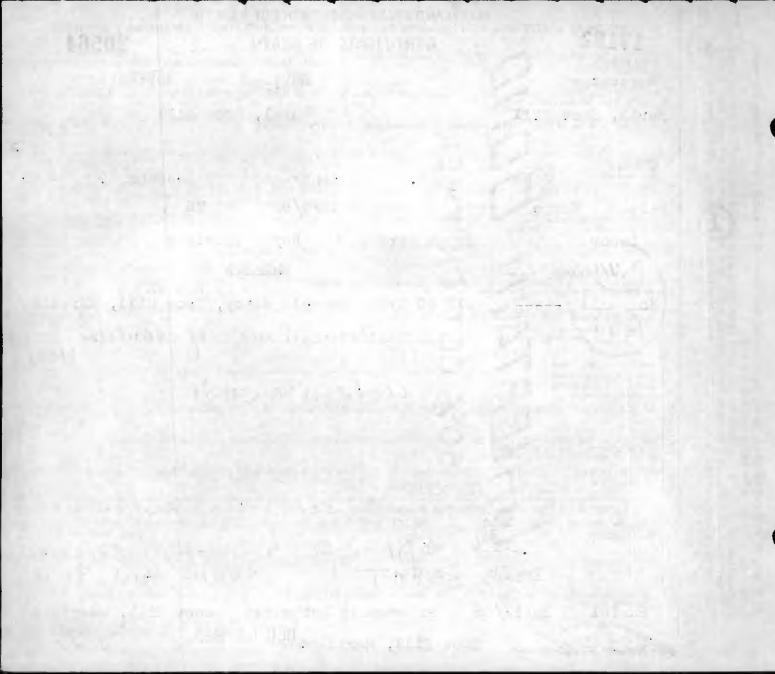
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciant and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after treather. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A.15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17182

Them CERTIFICATE OF DEATH 3/65 PC

		1810	W .	Tto	GERINGAL	F AL DEVIE	23/65 n	~	41	00	+	
	1.	PLACE OF DEATE	1			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
1		a. COUNTY Worcest	- 0.30		" Maryland Worcester							
1			N (if outside corpora	te limits.	MARYLAND I c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpo				е neares	t town)
1		write RURAL	and give nearest too	vn)	as centaris of order in an	V		•				,
1	ŀ	kural S	Snow Hill			d Rural,	Snow	HILL			10 050	IDENOF
1		d. NAME OF HUS	SPITAL OR INSTITUTIO	UN (if not in h	ospital, give street address)	d. STREET ADDRESS				6	. IS RES	ARM?
						11				١	ES 🗌	NO 🗐
	3.	NAME OF	F	irst	Middle	Last	4. DATE	Monti	1	Oay	Yea	31
1		(Type or print)	John		W	Ashby	OF DEATH	Decemb	nan	9	19	65
ľ	5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years)	IFUNDE	1 YEAR	IF UNDER	24 HRS.
1	76	607.0	Nome	WIDOWED		10/6/90	17	last birthday)	Months	Days	Hours	Mln.
ŀ		LELLE USUAL OCCUPAT	Negro ION (Give kind of work	7	(IND OF BUSINESS OR	11. BIRTHPLACE (C		2.0-	1) 12, (ITIZEN	DF WHAT	-
1	dur	ing most of work	Ing life, even If rețire	d) I	NDUSTRY				C	OUNTRY	?	
	10	Labor		T1	ruck Farm		Carol	lina	1	USA		
1	13.	FATHER'S NAM				14. MOTHER'S MAIO		_		* **		
				n Ashby	7	Unikh	what Ma	ry Fran		Nood.	Ley	
			EVER IN U.S. ARMED FO		SOCIAL SECURITYNO. 17.	INFORMANT	H	RFD Addre	SS			
١	,,,	No	~ =		18 20 2736	Georgia As			111.	Mai	slv	nd
1	Ī		DEATH [Enter only or		line for (a), (b), and (c).]	<u> </u>	1110	JA20 11 _44	N. 1072.100.3	1 INTE	RVAL BE	TWEEN
-			ATH WAS CAUSED BY	f:	0.			7 12	A.	ONS	ET AND I	DEATH
ı	-1	157	IMMEDIATE CAUSE	(a)		200 M (1V	<u> </u>	X VOI	nci	aller.	7 .	
Н		10/	DUE	TO				C			400	230
1	-	Conditions, If		(b)							7	6) 0
1		cause (a), si	Pilir	T0	act	2810 50 G						
1	_	underlying caus		(c)								
	CERTIFICATION	PART II, OTHER S	SIGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL I	DISEASE CONDI	ITION GIVEN IN	PART 1(a)	119.	WAS AU PERFOR	
	CA									YE	s 🗍	NO 🗌
	E	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury In Par	t I or Part II o	f Item 1	B.)		
- 1	CE	(IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAMI	NER)								
	AL	20c. TIME OF	INJURY Month, Oay,	Year 20d.	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fa	arm, 20f. (C	Ity or town)	(Cc	unty)	(8	state)
-	EDICAL	Hour a.r		While	Mot watte	ory, street, office bldg., e	tc.)					
- 1	Z	p.r		at wor			15	0	6	- II		1.15
			,	200	led the deceased from		9_61, to_	200	(
		V =	ceased alive oil	Dec	19 CS, and tha	t death occurred at_	M, from	n the causes		the date		above.
		22a. SIGNATU	RE	DIA	7/1	ATTENDING -	MEO.	STAFF	220.	SIL SIL	INED /	
				-	" () / M.	O. PHYS.	DIRECTOR	PHYS.	1	4/1	3/6	
,		22c. PHYSICIA NAME (Ty		in chi.	Dr den	22d. ADDRESS	57102	16	. 1 1	1	1.70	
			_16	AIM	KHITTI	-	71100		711	1	0 (C	12
	23a	REMOVAL (Sp.	acify)		23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOC	ATION (City, to	own or ci	ounty)	(\$1	(ate)
)		Buria	1" 12/1	2/65	Friendshi	p Methodis	st Sr	now Hi	11,		ylan	d
1	24	. EUNERAL DIRE	CTOR /		AOORESS	25a. RE	C'O BY REGIST	RAR 25b, R	EGISTRAF	SIGN	ATURE	
)	1	Mrs.	Still	Sn	ow Hill. Mar	vland bate	1 5 1968)		1	1	
15	11.	A. L. Bar Fred	1 - 11 1 1 2 2 2 2 2 2 2 2							-	_	-



TO FUNERAL GIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death: hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17183 CERTIFICATE OF DEATH
20565

		# *			21.006
1. PLACE OF DEA a. COUNTY	CH .			(Where deceased lived, If Institution	n: Residence before admission)
	RCGLTGR	MARYLAND	MARYLA	b. COUNTY	CESTER
b. CITY OR TO	WN (if outside corporate limits L and give nearest town)		c. CITY OR TOWN (If o	utside corporate limits, write RU	RAL and give nearest town)
/ _			V Para		
	DSPITAL OR INSTITUTION (If no	t in hospital, give street address	d. STREET ADDRESS	1179	e. IS RESIDENCE
GI HAME OF IL	STITIAL ON INSTITUTION (II IIO	tili livapital, giva atleat audiess	I G. STREET ADDRESS	2	ON A FARM?
			10 WELLT	ON AUS	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	JAMES	ALFRED	AVRES	DEATH DEC.	22 1965
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.
M	W WIDO		Drov. 26, 19	09 (ast birthday) Month	hs Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done 1	Ob. KIND OF BUSINESS OR	120-01		2. CITIZEN OF WHAT
during most of wor	king life, even if retired)	INDUSTRY	2	- Ma	COUNTRY?
FARMUR 13. FATHER'S NA	HOTEL UPBRATOR	SELE BMP.	14. MOTHER'S MAIDE	N N I D	USA.
			14. MOTHER S MAIDE		
JAME		_	HLICE	COFFIN	
15. WAS DECEASE! (Yes. по. or unkown)	DEVER IN U.S. ARMED FORCES? (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17	. INFORMANT	Address	Y4 -
No	Nb	1	IRS JAMES	AVRES B	GRUN MID
18. CAUSE O	F DEATH [Enter only one cause	per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	he rails son	was on File		ONSET AND DEATH
4442	,	my a -ou	y realways	2	250
Troj	DUE TO	les to day all			Stos
conditions, if		of perusia			1
cause (a),		Till ix sale	1 M NU		
underlying ca		nuw see	rece		
PART II. OTHER PART II. OTHER PART III. OTHER PART III	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART:	1(a) 19. WAS AUTOPSY PERFORMED?
\$ 2 min	an had an as	formula aneurop	uneceses (4	rago!	YES NO
20a. ACCIDEN	T WAS UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCH	CURRED. (Enter nature of I	injury in Part I or Part II of Item	118.)
OR CUNTRIBU	TING (CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	Bhlaced bes W	ever Fellen	graft.	
₹ 20c. TIME D		od. INJURY OCCURRED 1 20e. PI	ACE OF INJURY (Home, far	m. 20f. (City or town)	(County) (State)
20c. TIME DI Hour a	,m	While Not While fac	tory, street, office bldg., etc		-
		t work at work		1/2-22-6.	5
		tended the deceased from /	960 19		9654, that (I) (we) last
	eceased alive on 🔑 🎽 🕹	2- 2- 1965, and th	at death occurred at	347M, from the causes and c	
22a. SIGNAT	JRE (()		ATTENDING M	ED. STAFF 22b	DATE SIGNED
1/2	aux bure	M	D. PHYS.	ED. STAFF PHYS.	
22c. PHYSIC NAME	IAN'S		22d ADDRESS	1, 9.	1 .
- Trains	1366)		Mulas	y maryran	a
23a. BURIAL, CRI	MATION, 23b. DATE THEREO	F 23c. NAME OF CEMETE	RY OR-OREMATORY	23d. LOCATION (City, town or	county) (State)
BURIA		5 EVERGE	GEN	DERLIN	MD
24. FUNERAL DI		ADDRESS .	0 25a. REC'		RAR'S SIGNATURE
An.	A. Buch	re (Seclen o	nd DEC	30 1965 Jelian	W ()
			DATELU	20 12021	0

Principal de la companya del companya del companya de la companya del companya de la companya de la companya del companya de la companya del companya del la companya del la companya del la companya del A CONTRACTOR OF THE PARTY OF TH SERVICE THE PROPERTY OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4 204	200	1	LOLOW CERTIFIC	ALE UP DEATH	40000
death funeral and 2 death	100	1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	residence before admission)
4-4		1	a. COUNTY	a. STATE b. COUNTY	
after the f	100	-	WORLESTER MARYLAN		CESTER
S 200 45			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL	and Rive ugglest fown)
hours d in by rs. Pag hours			BERLIN	1 DERLIN	
			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addr	ess) d. STREET ADDRESS	e. IS RESIDENCE
24 ho	X	1		1/ 2/1	ON A FARM?
	1	-		MILLIAMS 31	YES NO 12
		3.	NAME OF First Middle	Last 4. DATE Month	Day Year
The Car			(Type or print) CLAYTON LEW	IS BAKER DEATH DEC.	0 19 6 5
4 70		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 8. DATE OF BIRTH 9. AGE (In years IF UNDER	
			WIDOWED N DIVORCED	JULV 30, 1895 last birthday) Months 7 Dyrs.	Days Hours Min.
		104	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ITIZEN OF WHAT
be cian ase		dui	ring most of working life, even if retired) INDUSTRY	11. DIN HPLACE (County & State, or foreign country) 12. C	OUNTRY?
e be sicia fease		1.	PLUMER RETIRED	DERLIN MO	U, S. />
physician		13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
nding phys			CHARLES BAKER	Mari Pinnagaran	
Ter Tdir		15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	
도 의원 등	-	(Yi	es, no, or unkown) (If yes give war or dates of service)	0 '0	1/16
death he atte permit			No No	DOUGLAS BAKER 115ER	LIN, MID
* + + @			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
the Paris			PART I. DEATH WAS CAUSED BY: (Lette	mule sedities	UNSET AND DEATH
			IMMEDIATE CAUSE (a)	J. regione of the	
physic physic signe burial-			DUE TO Symphy	a Orner	
कृति विव	2		Conditions, if any, which gave rise to immediate (b)		
ling ling been the b			cause (a), stating the DUE TO		
			underlying cause last, (c)		
== - ~ -	-	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CIAN: The 1 ospital or at certificate 1 oed for use		CERTIFICATION			PERFORMED?
The sale	0	E	200 LOOLDEST WAS THEFTI VINO TO LOOK DESCRIPT HOW WILLIAM	Oppling the state of labor to flow to flow the flow to	
A THE PERSON	5		I OR CONTRIBUTING T CAUSE OF DEATH	OCCURRED. (Enter nature of injury in Part i or Part ii of Item 18	.)
hos co	2		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYSICIAN the hospit this certi detached		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	unty) (State)
		8	While - Not while -	factory, street, office bldg., etc.)	,
Affer Spare	5	Z	p.m. 19 at work at work	12/1/2010	
Se Se			21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) last
reta 3 show				that death occurred at M. from the causes and on t	
SEC 3			22a. SIGNATURE		ATE SIGNED
AL OR say be lay be page			Caffort G. Lokatt	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	
may may RAL 1	,		22c. PHYSICIAN'S NAME (TOPP) O I FEARD F SALIA	22d. ADDRESS	
4 m 15	3		MANGE (USPE) CLIFFOILD E. JEHOT	MO BERLIN, MIN.	
TO HOSPITAL OR ATTEN Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with thu	~	238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City, town or con	unty) (State)
24 5 2	0	-	DEMOVAL (Spacifu)		A /
	NE	24	FUNERAL DIRECTOR ADDRESS	GREEN SERVICEDADI SAN PERIODADI	O CICHETIPE
140	160	7 24	ADDRESS A.	252 REGID BY REGISTRAR 2962 REGISTRAR	Series And
VR A15 (4)			Ama H. Burbage Dul	DATE 1	/

VR 15M 4-64 The second secon The second second AND THE RESERVE OF THE PERSON ALIA A CARROL MADE IN CONTROL OF THE PARTY O The state of the state of EBW 1 1 DEC . TO ...

24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH 7185 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	T & T C C C C C C C C C C C C C C C C C	HE OF DEATH	10000
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Fa. STATE Maryland b. COUNTY Wo	Residence before admission)
_	Wordester MARYLAND		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Blanop 35 Yrs		and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	ss) d. STREET ADDRESS	e. IS RESIDENCE
	xx	1	ON A FARM? YES A NO
3.	NAME OF First Middle DECEASED (Type or print) Lillie Mae		Day Year 1965 19
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS.
	Remale White WIDOWED X DIVORCED	June 20, 1879 86 yrs. Months	Days Hours Min.
101	USUAL OCCUPATION (Give kind of work done in the line of working life, even if retired) House Wife Own Home	C	ITIZEN OF WHAT OUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Jimmie Hudson	May Breasure	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address	
Ç E (15, 110, or unkown) (If yes give war or dates of service) Mo-NUM BER	Carl Baker Bishop, Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Self Barel Dibilop, Me.	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:		ONSET AND DEATH
	4 20 / MMEDIATE CAUSE (a)	t t	
	Conditions, If any, which \ DUE TO Phy. May	rendity	10 days
	gave rise to immediate		
	underlying cause last.		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of Item 18	3.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While fa twork at work at work	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.) (City or town) (Co	unty) (State)
	21. I certify that (I) (this hospital) attended the deceased from.	Beeco 196+ to Dec 18- 196	that (I) (we) las
	saw the deceased alive on Sec 17 1966, and t		
	22a. SIGNATURE	22b. [DATE SIGNED
	than R bew	M.O. III.O.	-20-65
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Beslin	Touch
23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET 1.0.0. F.	ERY OR CREMATORY 23d. LOCATION (City, town or co	
24	teter Whaley Sellywille, &	1. 25a. REC'D BY REGISTRAR 25b. REGISTRAR DEC 2 2 1965 gClicar	
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19135 2010 AL PERSON AND ALLER STATE OF THE STATE OF TH And the state of t Natural Control of Con A RESIDENCE OF THE RESIDENCE OF THE PARTY OF 12/21/05 The try Sully will, see the comment of

Item 18 Film G371 12/MA Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF **EXAMINER'S** HEALTH DEPT PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. **b.** COUNTY Rces MARYLAND any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) e. IS RESIDENCE INSTITUTION of not in hospital, give street address d. STREET ACCRESS ON A FARM? State hours a CEDY YES NO Year NAME OF DATE Month Oay First Middle DECEASED 1965 DEATH (Type or print) AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS last birthday) Months I Oays Hours I Min. 6. COLOR **NEVER MARRIED** Oays WIOOWED DIVORCEO event 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR ACE (State or foreign country) BIRTHP during most of working life, even if retired) INDUSTRY COUNTRY? 020P 010 along pages 1 in any 13. FATHER'S NAME MOTHER'S MAJOEN NAME in DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours please execute the certificate, writing the word "pending" in pencil in item 18 director. Page 4 should be forwarded to the Chief Medical Examiner's Office and testined for your files. File pand 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITYNO. INFORMANT Address permit. F (Yes, np, or unkown) (If yes give year or dates of service) വട്ടെ ഉവ INTERVAL BETWEEN CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. CEATH WAS CAUSED BY: burial-transit per cremation, or r Asphyxia, traumatic, accidental min. OUE TO Conditions, if any, which (b) gave rise to immediate OUE TO cause (a), stating the (C) used as a to burial, underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMEO? YES MO ld be 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 3 shoul MEDICAL 20e. PLACE OF INJJRY (Home, farm, (County) (State) TIME OF INJURY Month, Oay, Year 20d. INJURY factory, street, office bidg., etc.) Not While CTOR: Page designated at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Undetermined manner Homicide Natural causes Accident Suicide CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATUR Health or **CEPUTY MEDICAL EXAMINER** FUNERAL **EXAMINER'S** town or coans NAME (Type) OATE THEREO NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. -BEMOVAL (Specify) ij 2 **BUNERAL OIRECTOR** VR A15ME 3500 4-64



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DIRECTOR: Af age 3 should lied with the S retained

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TO FUNERAL Dine.
Tirector, page 3

23a.

BURIAL, CREMATION.

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ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Worcester Marvland MARYLAND C. LENGTH OF STAY IN 16 vears d. STREET ADDRESS 406 Market Middle Last DATE WEBSTER HAMPTON HOWARD DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH White Sept. 6,1872 WIDOWED DIVORCED [93

a. COUNTY b. COUNTY Worcester b. CITY DR TDWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City Pocomoke City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? 406 Market Street Street ND K YES [NAME DF Month Day Year DECEASED 20 65 (Type or print) December 19 SEX Male AGE (In years / IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours -Partici-10a. USUAL DCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY ACCOMACK County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Lumberman Lumber U.S.A. Virginia 13. FATHER'S NAME MOTHER'S MAIDEN NAME William Henry Howard Mary Elizabeth Mason 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) No -10-669 Rebecca Howard. Pocomoke City Mrs 18. CAUSE DF DEATH [Enter only one cause per line for INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate **DUE TO** (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED IN PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED IN PART I(a) WAS AUTOPSY PERFORMED? ND [YES -DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. factory, street, office bldg., etc.) p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred av22 saw the deceased alive on. M, from the causes and on the date stated above.

(State)

(State)

22a. SIGNATURE 22b. DATE SIGNED

City.Md

PHYSICIAN'S NAME (Type) Trader. Charles

DATE THEREOF

PHYS.

22d. ADDRESS Market

PHYS.

DIRECTOR

St., Pocomoke, Md.

NAME OF CEMETERY OR CHEMOTOR BEMDVAL (Specify) Liberty FAINERAL DIRECTOR

23c.

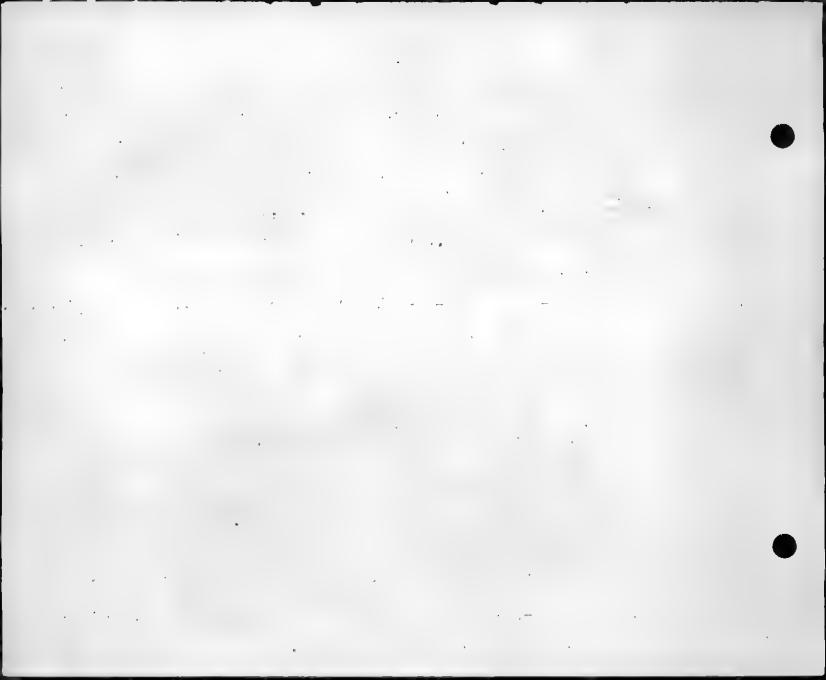
Pocomoke

Cemetery 25a.

Parkslay Virginia REC'D BY REGISTRAR | 25b.

23d. LOCATION (City, town or county)

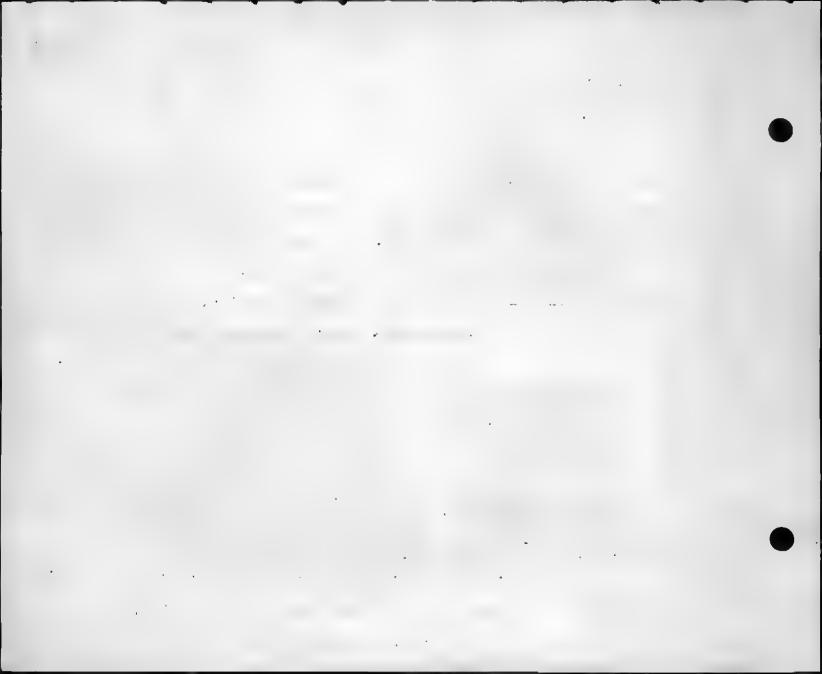
VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	17188		T+ am #0	CERTIF	ICATE	OF DEAT	Н			1171	į
1.	PLACE OF DEATI	1	LUEN 7 C		12-17	2. USUAL RESIDEN		eased lived, If ins	titution: Res	idence before adm	iission)
	Worce	ster		MARY	/LAND	Marylan			ceste		
	b. CITY OR TOW write RURAL	N (if outside corpor and give nearest to	ate limits, wn)	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (f outside corp	orate limits, wri	te RURAL a	nd give nearest	town)
	B erl:	in				√ Berlin					
	d. NAME OF HOS	SPITAL OR INSTITUT	ION (if not in h	ospital, give street	address)	d. STREET ADDRESS				e. IS RESID	JENCE VRM?
					!	1					40 Z
3.	NAME OF DECEASED		irst	Middle		Last	4. DATE OF	Month		Day Year	
_	(Type or print)	El.	a		1 4	CODS DATE OF BIRTH	DEATH	Decen		22 19 YEAR JIF UNDER:	
		6. COLOR OR RACE		_			1	last birthday)		ays Hours	Min.
	emale	Negro	WIDOWED	IND OF BUSINESS O		April 17	/10	55 yrs.) 12 CIT	IZEN OF WHAT	
du	ring most of work	ing life, even If reți:	ed) I	NDUSTRY					COL	JNTRY?	
13	Labore Labore	er	I Ca:	nning Co.		North C		18.	US	A	
*`							nown				
19		Unknown Ever in U.S. ARMEDI	ORCES? 16	SOCIAL SECURITY N	0 17	OTIK.	HOWIL	Addres	is .		
ίŸ	es, no, er unkown)	(If yes give war or date	of service)				L73			har I	
=	NO CAUSE OF	DEATH (Enter only o		31033683 line for (a), (b), and (cilia Ga	tring,	Berlin	11, 1418	ryland INTERVAL BET	WEEN
		EATH WAS CAUSED E	v						Ì	ONSET AND DE	EATH
	1.1.	IMMEDIATE CAUS	., .	ertensive	e Cai	rdio-vasc	ular	ilsease.		4-2 3	r 63_
	Cenditions, If		ETO CVA	with le	ft he	miparesi	S			3 w	rs
1	gave rise to	Immediate (E TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	cause (a), si underlying caus	rating rue [(c)								
ĕ			IONS CONTRIB	UTING TO DEATH BUT	NOT RELAT	ED TOTHE TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1(a)	19. WAS AUT	OPSY
CAT		Diabete	s mell	itus							vo [3].
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING [ING] CAUSE OF DE TIFY MEDICAL EXAM	20b.	DESCRIBE HOW INJU	JRY OCCUI	RED. (Enter nature	of injury in Pa	rt I or Part II o	f Item 18.)		
	(IF EITHER, NO	TIFY MEDICAL EXAM	INER)								
MEDICAL	h .	INJURY Month, Day		INJURY OCCURRED	2De. PLAC	E OF INJURY (Home, y, street, office bldg.,		City or town)	(Coun	ty) (St	iate)
MED	Hour a.t		While at wo	Not While at work	100101	y ou out out ou out out out out out out o					
-	21. I certif	fy that (1) (t) SISCHE	pikal) attend	led the deceased	from	3/19/54_	19 to_	12/21/	55 ₁₉	_, that (1) K i	👸 last
L	4 - 11 - 111 - 1	ceased alive on	12/21	<u>/65₁₉</u> ,	and that	death occurred at	M, fr	the causes	and on the	e date stated	above.
	22a. SIGNATU	RE of .	0.0	1		ATTENDING PHYS.	MED.	STAFF		TE SIGNED 24/65	
	22c. PHYSICIA		ully		M.D.	PHYS. 22d. ADDRESS	DIRECTOR	PHYS.	12/	24/00	
	NAME (T)		U. Sul	ly, Jr.,	MD	P. O.	Box 12	6, Ber	lin,	Md.218	11
23	a. BURIAL, CREM	MATION, 23b, DATI	THEREOF	1 23c. NAME OF C	EMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or cour	ty) (Sta	te)
	REMOVAL (Sp. Burial			Petiti				w Hill		ryland	
2	4. FUNERAL DIRI			ADDRESS	901	25a. R	EC'D BY REGIS	TRAR 25b. RI	GISTRAR'S	SIGNATURE	
I	lannie Fu	neral Home	Sno	w H111. 1	Marv'	land ME	0291	985 00	lands.	· Cusar	

VR A15 (4) 20M 1/65



1	J	T	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 2		1	17189 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
old b	4	冷	Reg. Dist. No. 17 C.
Sho		1.	COUNTY WORCES TO EMARYLAND O. STATE MAKILLAND b. COUNTY WORCES TE
riol.			2. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ord give nearest town)
. Po			STOCKTON
Story Prior	*		4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. 15. RESIDENCE ON A FARM? YES NO 1/2
your t			NAME OF DECEASED (Type or print) Te. W. Ant LAGAN JOHNSON DEATH DEC., 2 1965
he for		5. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years tost birthday) Months Days Hours Min.
to the	(2)		MALE WHITE WIDOWED DIVORCED JAW. 26, 1889 56 415.
nd 3	4	100	DUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2, a		13.	RETIRED SARWER + WAJCHMAN V/BC/M/A
Ges 1			ABAN JOHNSON ALICE ADAMS
Poge ge			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
S 2. E			230-14-8184 MRS LUTHER TRUITS
P.W.			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:
form form			IMMEDIATE CAUSE (0)
in It vith frans			Conditions, if any, which) (5) (CTIFICE SECURES!)
pencil olong buriol			gove rise to immediate cause (a), stoling the underlying cause last. (c)
ffice os o		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
osed Osed	,	. 3	YES NO
rd 'pe	,	C CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
the wo dical Eyes ge 3 sho		MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of work of work 19 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
writing hief Me OR: Pog			21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [] and find that death resulted fram: Natural causes []. Accident [], Suicide [], Hamicide [], Undetermined cause [].
DIRECT			ACTUAL SIGNED M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
te the cer rworded t	emovol.		EXAMINER'S NAME (Type) DAVIN RH TH DEPUTY MEDICAL EXAMINER 12/7/65
farv farv	20	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
7	1	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 240. REC'D BY REGISTRAR'S SIGNATURE
S. A15ME(5	5)	3	Henry M. John DEC 1 3 1963 Petroslas Judge
5M 9/55	-	/ l==	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 2 death. 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. CDUNTY STATE b. CDUNTY after Virginia

ACCOMEC

C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the Worcester MARYLAND Pages b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b þ remove carbon papers. Pag a any event, within 72 hours write RURAL and give nearest town) hours Greenbackville Stockton .E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS B. IS RESIDENCE DN A FARM? YES ND E Holland Nurseing Home within etely : completely we carbon i NAME DE Year MIddle DATE Month Day Last DECEASED DF Lula M. 31 1965 (Type or print) Jones DEATH December 5. SEX 6. CDLDR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Hours 1 and WIDOWED TX 93 Female DIVORCED E 10a. USUAL DCCUPATION (Give kind of work done 12. CITIZEN OF WHAT Com IDD. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) and in certificate_be during most of working life, even if retired) INDUSTRY CDUNTRY? Housewife Worcester Co.. USA Own Home Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then remova Unknown Tarr Irene George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address death (Yes. no. or unkown) (If yes give war or dates of service) been signed by the attraction the burial-transit perming or to burial, cremation, o Girdletree. No None Chester Jones. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate YES T ND 17 20a. ACCIDENT WAS UNDERLYING F PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) ò DR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While After p.m. 19 at work at work retained 19 45 to -0 告 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lifed with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED 22a. SIGNATURE 22h. ATTENDING page MED. PHYS. DIRECTOR PHYS. Шау O FUNERAL PHYSICIAN'S 22c. director, p should be i NAME (Type) Page / BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY Girdletree, Md. EGISTRAR | 256. REGISTRAR'S SIGNATURE Burial 24. FUNERAL DIRECTOR REC'D BY REGISTRAR Snow Hill. VR A15 (4) Maryland 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, garbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 2DM 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

69	2 2 2 2 2 2				1 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1			
7	PLACE OF DEATH a. COUNTY			(Where deceased lived, If institution	: Residence before admission)			
-	Worcester	MARYLAND	e. STATE Mar	yland b. county	Worcester			
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write RUF	AL and give nearest town)			
	Rural-Pocomoke City	Life	Rur	al-Pocomoke Ci	ty			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS		0. IS RESIDENCE DN A FARM?			
	R.F.D. 3		R.F	.D. 3	YES X NO			
`	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year			
	(Type or print) CLARA	MAE MA	SON	DEATH December	16 1965			
	5. SEX 6. CDLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		ER I YEAR IF UNDER 24 HRS.			
	Female White WIDOWED		May 27, 18	86 79 yrs.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. Kilduring most of working life, even if retired) IN	ND DF BUSINESS OR IDUSTRY	WORCE ST. CT	nty & State, or foreign country) 12.	CITIZEN OF WHAT			
	Housewife		Maryland	Journa,	U.S.A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME				
	Gordon Redden			ah Ward				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 5 (Yes, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address				
	No	None G.	Randall Ma	ason, Pocomoke	City, Md.			
	18. CAUSE OF DEATH [Enter only one cause per III	ne for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	RDIAR AR	REST		CHSET AND DEATH			
	4550 DUE TO							
	Conditions, If any, which (b) CARDIAC ASTAMA. 6/185.							
	gave rise to immediate (cause (a), stating the DUE TD							
	underlying cause last. (c) A		Cle ROTIC		<u>s</u> .			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTDPSY PERFORMED?			
	NONE.				YES ND			
		ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of I	n]ury In Part I or Part II of Item	18.)			
		UURY OCCURRED 20e. PLAC	TE OF THURSDAY HOME STATE	1 007 7011 10 1	705-1-1			
	2DC. TIME DF INJURY Month, Day, Year 2Dd. IN Hour a.m. While p.m. 19 at work		CE OF INJURY (Home, farm y, street, office bldg., etc.	m, 20f. (City or town) (County) (State)			
	p.m. 19 at work	at work						
	21. I certify that (I) (this hospital) attende		, 19_		€5, that (I) (we) last			
	saw the deceased alive on 222. SIGNATURE	19 6 ≥, and that	death occurred at	M, from the causes and or	the date stated above.			
	Mevelle A. Bar	e~- M.D.	ATTENDING PHYS.	ED. STAFF 22b.	DATE SIGNED			
ı	22c. PHYSICIAN'S NAME (Type)	M,D,	22d. ADDRESS	KECTOR [PHTS. [] /	4/1/65			
,	NEVILLE A	BARON	100	OMOKE, M	15			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	ON GREMATORY	23d. LOCATION (City, town or	county) (State)			
	Burial Specify 12-19-1965			Pocomoke City				
1	-24. FUNERAL DIRECTOR	ADDRESS	DEC	D BY REGISTRAR 256, REGISTR	AR'S SIGNATURE			
9	Sofut N. Walson P	ocomoke Cit	y, Market	22 1965 July				



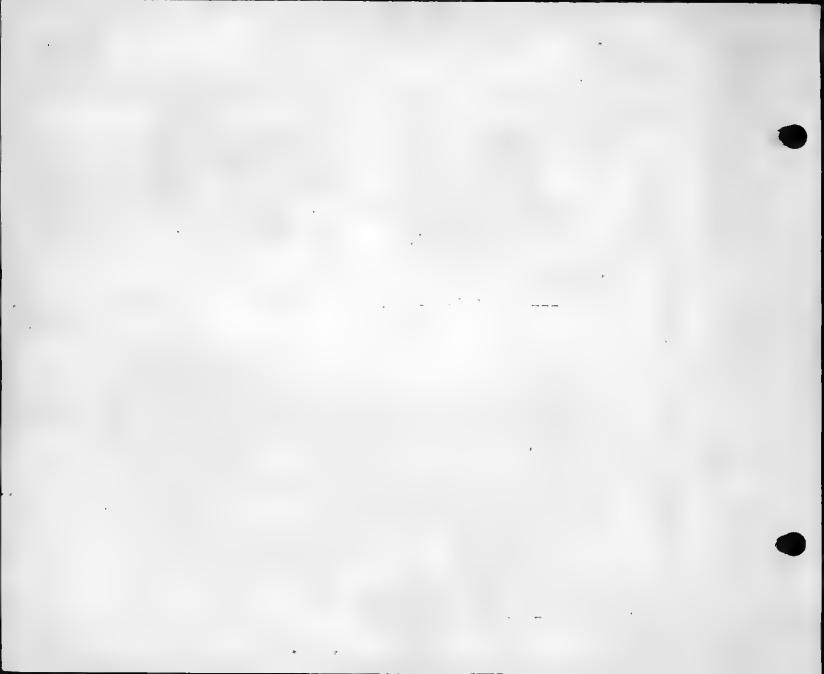
VR AI5 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17192 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission)
Worcester MARYLAND	a. STATE Maryland b. COUNTY Worcester
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Pocomoke City 6 years	Rural-Pocomoke City
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
Belden Restorium	R.F.D. 3
3. NAME OF First Middle DECEASED	Last 4. DATE Month Oay Year
(Type or print) J. FRANK	PHILLIPS DEATH December 2 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Oays Hours Min.
Male White WIDOWED OIVORCED	Jan. 29,1882 83 yrs. World by Hours Will.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Farmer Farming	Worcester County, COUNTRY? Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Phillips	Elizabeth Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address R.F.D. 3
	arry W. Phillips, Pocomoke City, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CO ROMAN &C	clusion (Bresungtur) ONSET AND DEATH
QUE TO O W	
conditions, if any, which) (b) listerwooderses	4 atherselevers, Seven gen. Many years
gave rise to immediate (
cause (a), stating the course last.	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY
3 trus Junglena many your ago	which unstabled foliant for life. YES NO IT
20a. ACCIOENT WAS UNDERLYING 1 1 20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of injury in Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)	,
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLI Hour a.m. While Not While facts p.m. 19 at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m. p.m. 19 While Not While facts	my, access, other blogs, ecc.)
21. I certify that (I) (this hospital) attended the deceased from	0-10 1947 to 1/- = 1965 that (1) (we) last
	it death occurred at my from the causes and on the date stated above.
22a. SIGNATURE	Lean place along
M. E Sartoreus, M.	O. ATTENDING DE MED. OIRECTOR PHYS. 11 - 3 - 63
22c. PHYSICIAN'S NAME (Type)	22d. AOORESS
N.E.Sartorius, Jr., M.D.	114 Market St., Pocomoke City, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OK DERMANDEN 23d. LOCATION (City, town or county) (State)
Burial 12-5-1965 First Bar	otist Pocomoke City, Maryland
24. FUNERAL OIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
Soful H. Walson Pocomoke City	y, Ma Date C 6 1965 Julianes July



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Maryland Worcester Worcester MARYLAND Department after death. funeral may be c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b Pocomoke City Life Pocomoke City d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? ay is 3 to t State hours Willow Street Willow Street NO X YES Year DATE NAME OF First Middle Last DECEASED PRUITT 65 JOHN EDWARD DEATH December 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. DATE OF BIRTH 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED Orm White Male Dec. 16,1902 WIDOWED DIVORCED Worcester County, 10a. USUAL OCCUPATION (Give kind of work done; 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT alongravith COUNTRY? during most of working life, even if retired)
Plumber Plumbing Give U.S.A Maryland MOTHER'S MAIDEN NAME 13. FATHER'S NAME E Major S. Pruitt unknown File 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) permit. 213-05-5960 Mrs Gladys Wooster, Pocomoke This certificate should be executed within removal No in pencil INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH-PART I, DEATH WAS CAUSED BY. Heardlal in farction inulls 5 burial-transit IMMEDIATE CAUSE (a) DUE TO Medica artenosclaratio Lusias Conditions, If any, which (b) gave rise to Immediate Chrenic alcoholism **DUE TO** cause (a), stating the €CG underlying cause last. ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? an in ia NO K YES -<u> 2</u> 2 writing to arded to DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 3 shoul agent, 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) MEDICAL. 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. Not While While at work CTOR: Page designated at work L and in my opinion 21. I certify that I took charge of the remains described above, held an Autoosy Inspection_ Inquiry should Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER YOUL execute . Page 4 22. DATE SIGNED ACTUAL O DEPUTY MEDI SIGNATURE director. Pag retained for 0 DEPUTY MEDICAL EXAMINER FUNERAL | EXAMINER'S Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OF AND Y 23d. LOCATION (City, town or county) BURIAL, CREMATION, DATE THEREOF Burial (Specify) o, 21-1965 Pocomoke Salem Methodist Citv Mary Land REC'D BY REGISTRAR FUNERAL DIRECTOR 25a. 1965 M Pocomoke City. VR A15ME Md . 3500 4-64



necessary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medica Examiner's Office along with form PM3. Page pages land 2 with the State Department of amy delay is TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If FIB

and in any event within 72 hours after deoth. 5 may be retained for your files.

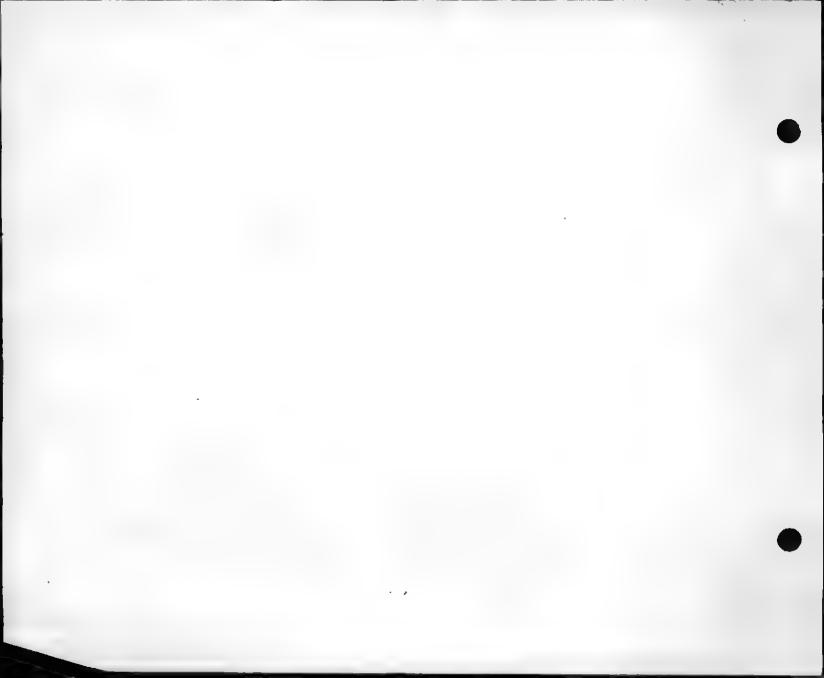
TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit Health or its designated agent, prior to burial, cremotion, ar removal

VR A15ME 5

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH				2 USUAL RESIDENCE (Where deced			e before odm	(10.22
° WORCES'	Maryland Worcester								
b CITY OR TOWN	(f outside corporate limits, and give nearest town)	€ LENGTH OF STAY N II)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
SNOW H	TLL		- 1	Snow Hil	1				
d NAME OF HOSP	PITAL OR INSTITUTION (If not in	hosp to, give street address)	-	d. STREET ADDRESS					ESIDENCE A FARM?
				R.D. #1				YES [NO NO
3 NAME OF	First	Middle		Last	4 DATE	FOUND :Mont	h	Doy	Year
(Type or print)	CLAD			PURNELL	OF DEATH	12		3	19 65
S SEX	6 COLOR OR RACE 7 I	MARRIED NEVER MARRIED] [8	DATE OF BIRTH		9 AGE (n years last birthday)	F UNDER 1	YEAR IF UN Doys Hou	DER 24 HRS.
Male	Negro W	IDOWED DIVORCED				App. 75 Yrs	INGITIES	DO13 1100	13 MIN
100 USUAL OCCUPATION during most of working	ON (G ve kind of work done ng fe, even if retired)	TOB KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (Stote	or fore gn	(ountry)		ZEN OF WHAT INTRY?	
13 FATHER'S NAME			7	14 MOTHER S MAIDEN	NAME				
10 171111111 3 11741.6				II WOULD MODEL	*******				
15 WAS DECEASED EV	VER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO	17 11	VFORMANT		Addre	SS		
(Yes, no, or unknown	(If yes give wor or dotes of sen	rice)							
18 CAUSE OF I	DEATH (Enter only one couse pe	er line for (a) (b) and (c))						INTERVAL	BETWEEN
	FATH WAS CAUSED BY: IMMEDIATE (AUSE (a) _	Skeleton of o	n I d	man (Disappeared from home ONSET AND DEATH					
	THINKS IN CAUSE (d)	DIMETERSON OF C	<u> </u>	Mail (Diog	ppcar.	CG IIOM II	Onc		
	ry, which gave) (b)	January 10th,	1	964 - Skele	ton f	ound appr	oxi-		
rise to immedia	ote couse (a), (merszne	,							
lost	(c)_	mately one-ha	lf.	mile from where last seen alive).					
PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED	10 1	HE TERMINAL DISEASE CO	ND T ON GIV	EN IN PART 1(a)		19 WAS A	UTOPSY
A110								YES X	NO 📑
200 EXTERNAL (PRIMARY Or DEATH	CAUSE WAS	20b DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in	Port I or Po	rt II of item IB)			
	JURY Manth, Doy, Year			E OF INJURY (Home, forn		(City or town)	((oui	rty)	(Stote)
Hour o	p.m. 19	While Not While of work	TOCTO	ıry, street, office bldg., etc.	'				
21. I certi	ify that I took charge of	the remains described above	, hel	d an Autapsy 🗓 .	Inspect	ian , Inqu	Jiry 🗍,	and in m	y apın an
	olted fylops. Natural ca			de 🔲, Homicide		Indetermined m	anner X		
4.0791.41	1/1/20	-50	/	CHIEF MEDICAL	EXAMINER				
ACTUAL SIGNATURE	(\mathcal{N})	gunn		M.D. ASSISTANT MED	DICAL EXAMII	NER 🔼		22. DA	TE SIGNED
EXAMINER'S				DEPUTY MEDIC				2-1	1-66
NAME (Type)		TENECKER, M.D.	1.00.0	Address (Stree					
23a BURIAL, CREMAT REMOVAL Spect	110N 23b DATE THEREOF		UK C	1	-	OCATION (Gity or Ton	wn) (County)	(State)
24 FUNERAL DIRECT		ADDRESS OF	ICA	EXAM, WELL	D BY REGIST	7 7 60	GISTRAR'S SIG	SNATHRE	2
29 FUNERAL DIRECT	TUK	ADDRESS CF	016	DATUL			iave		
				L DATEJI 1	6. 71	1000 75-		1	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and mimpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal permy any event, within 72 hours after deapth.

			PARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4	-		
ı	1.	PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE
1		Worcester MARYLAND	Maryland worcester
1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Snow Hill	Snow Hill
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Ч		413 S. Church St.	/ 413 S. Church St. YES NO
	3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
		(Type or print) Warren I	Pusey December 29 1965
1	5.		8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.
		Male White WIDOWED DIVORCED	2/4/94 71 yrs. Days Hours Min.
1	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
ı	Gail	Ing most of working life, even if retired) INDUSTRY Saw Mill	Somerset Co., Md. USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Asbury Pusev	Caroline Pusey
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFORMANT Address
	{ Y R:	s, no, or unkown) (If yes give war or dates of service) NO 218246009	Elsie A. Pusey, Snow Hill, Maryland
		18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	valore lacture 2 ni
		Conditions, If any, which	whater Sedeuna 3days
		gave rise to Immediate	tottast is the same
		underlying course leet	· Palmonary Insufficiency 4/81.
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVE IN PART 1(a) 119. WAS AUTOPSY
)	CATI	MAZ ASHD Quiasco	CIT TUUCTUU BOGI YES NO NO
	=	20a, ACCIDENT WAS UNDERLYING TO 20b, DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CERTIFICATION	OR CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	품	20c. TIME OF INILIRY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	AALIIG MOT AALIE -	ory, street, office bldg., etc.)
	≥ .	p.m. 19 at work 1 21. certify that (I) (this hospital) attended the deceased from	1964 to Dcc 1964 that (1) (we) last
			it death occurred atM, from the causes and on the date stated above.
		22a. SIGNATURE	22h DATE SIGNED
		Daved Kalt M.	D. ATTENDING MED. STAFF D. PHYS. DIRECTOR PHYS.
		22c. PHYSICIAN'S	22d. ADDRESS
		NAME (Type) PAIN F-HFA	TI PILCLE HILL /17cl.
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
		Burial 1/1/66 St. Stephe	ens Delmar. Del.
	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
		Snow Hill. Mar	yland MAN 3 1966 felicotes Junga
45	-		and the second s

VR AI5 (4) 20M 1/65 JIIH W.

415 S. Church St.

Pusey

Saw Mill

_g Pusey

No

December 21

USA

2 Brs

2/4/94 71

Somerset Co., Md.

Caroline Pusey

218246009 Elsie A. Pusey, Snow Hill, Maryland

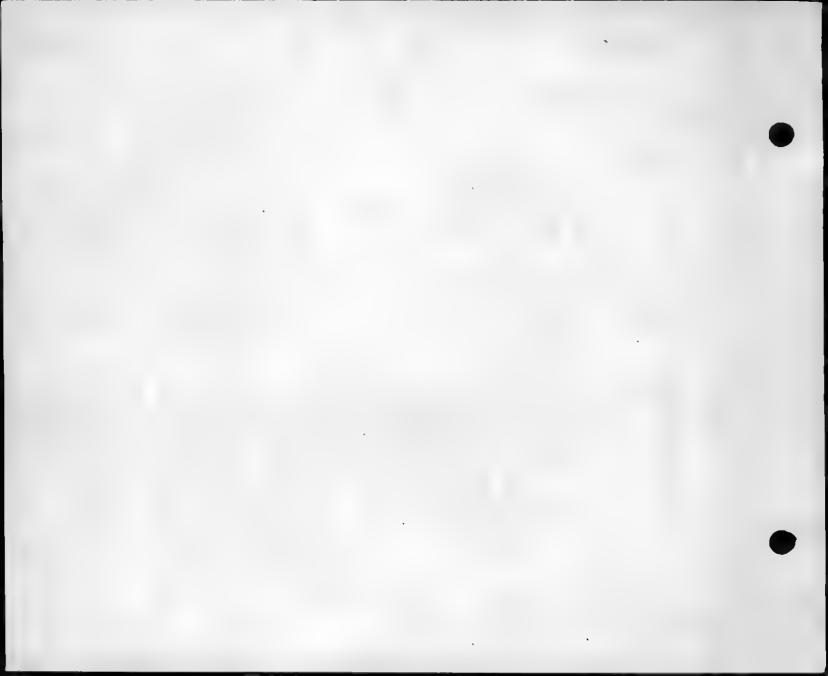
Perficiation Tailure Pulmonary Roberta

24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Pree 4 may be retained by The hospital or attending physician.

> VR A15 (4) 15M 4-64

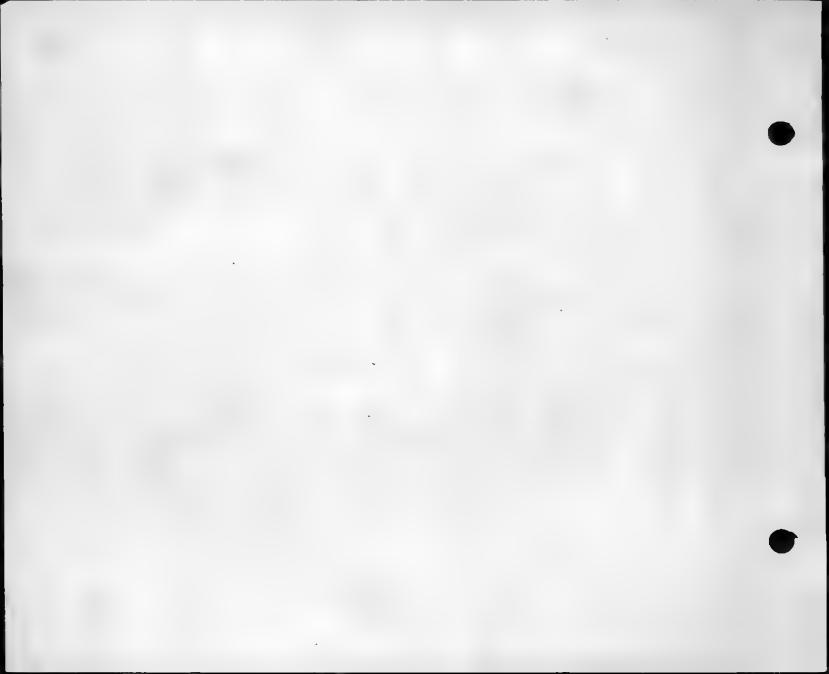
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	Ttom #2d FUERIFICAL	E UF DEATH	1001
1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)
	111000 5 5 5 5 5 5	a STATE b. COUNTY	A F-CTCO
\vdash	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Write RURAL and give nearest town)		and Bito nontons town,
	DERCIN 184YRS	1 BERLIN	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	BERLIN NURSING HOME		YES NO 🔀
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) HARRY	MMUNS DEATH DEC.	20 1965
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	
	M WIDOWED N DIVORCED	FED. 22, 1881 8 4 yrs.	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done : 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
auı	ring most of working life, even if retired) NOUSTRY	BERLINGRED NO	UNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, , , , , ,
-	3		
15	HARLES IMM ONS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
ſΫ	es, no, or unknown) (If yes give war or dates of service)	B /	RECLIANTE
_		OS CAYMOND JUNTING 1) FRLINAD
Į	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ehr Muse	cardetes - alute allocks	
	DUE TO DI		4 with
	Conditions, if any, which) (b) the Metah	retis	7 1111
	gave rise to immediate (
	underblar serve last	-lais	
Z.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
ξ	TAKE III. OTHER STEAM TO AND THORSE SOME AND THIS TO DESCRIBE THE PROPERTY OF	KIED TO THE TERMINALDISEASE CONDITION OF ENTINE AND AND AND	PERFORMED?
FIC			YES NO U
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCUON OF CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
lă	Multe Land Mor Autre	ory, street, office bidg., etc.)	
Σ	p.m. 19 at work at work		
		ing 10-, 1965, to Dec 28-, 196	
		t death occurred at G.A.M, from the causes and on the	
	22a. SIGNATURE		ATE SIGNED
	that is town M.I	D. PHYS. DIRECTOR PHYS. 1/2-	29-65
1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	200
	The tripes	Zerlin	M.
232		Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
	DURIAL 12 30/65 BUCKING	HAM BERLIN	1/10
24	FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
	Anna H. Bulace Ruli I	Ld. JAN 3 1966 floorle	Judge
<u></u>	7	DATE	4



VR A15 (4) 15M 4-64 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	17196			CERTIFICAT	TE OF DEATH	1		1.578
1.	PLACE DF DEAT	H			11	CE (Where deceased live	ed, If institution: R	Residence before admission)
	WO	RCEST	ER	MARYLAND	a. STATE	LAND)) (RCESTED. and give nearest town.
	Write RURAL	N (If outside corpora and give nearest to	vn)	LENGTH OF STAY IN 11	c. CITY OR TOWN W	outside corporate il	mits, write RURAL	and give nearest town
_	1315H	UPVIL	LE		1 (315	HOPVIL	LE_	
	G, NAME OF HU	SPITAL OR INSTITUTI	JN (If not in hospit	al, give street address	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
=	NAME OF				'			YES NO
3.	NAME OF DECEASED (Type or print)	VIS	irst A 44	Middle	Last	4. DATE	Month	Day Year
5,	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	DEATH 9. AGE (II	DEC.	20 0 0
	M	W	WIDOWED (DIVORCED	Mag	188> 188 51	n years IFUNDER rthday) Months	Days Hours Min.
10	a. USUAL OCCUPAT	ION (Give kind of work	done 10b, KIND (OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or foreig	n country) 12. C	ITIZEN OF WHAT
l ou	(" 0	ing life, even if retire	ed) INDUS	E FMR	BISHO	PALLE	- MH 6	OUNTRYZ
13	. FATHER'S NAM	IE CONTRACTOR		1-1-1-1	14. MOTHER'S MAIL		, , , ,	0,3.1,
	JAME	R. TUG	BS		MARY	JUIL	LEN	
I!	. WAS DECEASED	EVER IN U.S. ARMED FO	DRGES? 1 16. SOC	ALSECURITYNO. 17	INFORMANT		Address	M 21
	VES	1929-19	24217-	14-8860 M	RS. MIRRY	BIRCH	OCEAN	(CITY NO
		DEATH [Enter only or	Λ.	or (a), (b), and (c).]	// 1	4		INTERVAL BETWEEN ONSET AND DEATH
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (ere	val va	ocular t	trongos	46	
		DUE	то		A.	2-0	/	Visagan
	Conditions, if gave rise to	Immediate /	(b) gene	rouses	areno.	secono.	1	-
	cause (a), si underlying caus		TO V					
중			(C)ONS CONTRIBUTING	TD DEATH BUT NOT RE	ATED TO THE TERMINAL I	DISEASE CONDITION C	IVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION	(h	1cm or	was of	www	Pla	dday.		PERFORMED?
	20a, ACCIDENT	WAS UNDERLYING	20b. DESCI		URRED. (Enter nature o	f injury in Part I or i	Part II of Item 18	
15	(IF EITHER, NO	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)	Managara.				
MEDICAL		INJURY Month, Day,		fon	ACE OF INJURY (Home, fa	arm, 20f. (City or	town) (Cai	unty) (State)
	Hour a.r		While at work	Not While at work	cory, street, office blug., e		0	
Γ	21. I certif	y that (I) (this hos	pital) attended ti	he deceased from_4	-) July 1	965 to 251	diec. 196	5, that (!) (we) last
		ceased alive on 7	2-1- Jing	19 <u>25</u> _, and th	at death occurred at/	CaM, from the		he date stated above.
	22a SIGNATU	10 /1	10 110	1111	ATTENDING.	MED STAI		ATE SIGNED
	22c. PHYSICIA	INS COLL	_ (X-E)	enty M	D. PHYS. 22d. ADDRESS	DIRECTOR L PHY	s. [_]	
	NAME (T)							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR GREMATORY 23d. LOCATION (City, town or county) (State)								unty) (State)
1	BURIAL BISHOPVILLE P.FDIMO.							
7	24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE							
	Anna A. Burbage Beilin Md partAN 4 1966 Williamles Judge							



1)			MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
FOR S	-		1	7197 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20579						
HEALTH	DEPT.		1.	PLACE DF DEATH a. COUNTY Worcester MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b. COUNTY Worcester						
funeral may be	Department after death.	1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
555	Depa			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
lelay is nd 3 to Page	State	1	3.	NAME DF First Middle Last 4. DATE Month Day Year						
any del 2, and PM3.	the 72			OF TWIND TO BEATH 12 1/ 1965						
death. If a Pages 1, ith form	界		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR Isst birthday) Months Days Hours Min.						
rs after dea 18. Give Pa along with			10a. duri	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? FOR MEI ON FORM ON FORM UNDUSTRY LANGE OF WHAT COUNTRY? ON FORM ON						
urs aff	pages in any	1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME OFFICE OFFIC						
24 hour in Item Office	File	1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1, no, or unknown) ((Ffyes give war or dates of service)						
withIn encil iner's	permit. removal,	=	T	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL DETWEEN ONSET AND DEATH						
in p Exam	o Si			PART I. DEATH WAS CAUSED BY: Gun Shot wounds of head ONSET AND DEATH						
LEXAMINER: This certificate should be executed within 24 hou he certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office files.	burial-transit cremation, or			Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO DUE TO DUE TO						
should word "	60 -		Z	underlying cause last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY						
certificate Iting the led to the	used as to burial,	2	CERTIFICATION	YES NO [
s certi writing rded t	3 should be agent, prior t			20a. EXTERNAL CAUSE WAS PRIMARY IN OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)						
R: This ate, wr forward	3 sho agent		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. TNJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bidg., etc.) Whole work at work a						
certific cortific rould be les.	CTOR: Page designated		M	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion						
the car	TOR: lesign			death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner						
execute the Page 4	まま			ACTUAL CLEFFOND E. S Chott CHIEF MEDICAL EXAMINER () 22. DATE SIGNET						
DEPUTY ME ease exect rector. Page tailed for	- T	2		EXAMINER'S COLOR Schot M. DEPUTY MEDICAL EXAMINER DANGE (Type) Color of County)						
TO DEPUT please e director.	TO FUL	1	23a	Signal 12/14/65 Bithe Hillords Mid						
VR A	15ME	T	24.	EUNEDAL DIRECTOR LANDRESS ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE DEC 2 0 1965 Charles Judge						

PERCUS -17-15-510W Enthrope and a series of the shirt series of the E E D. HOLLES DON'T DE LA COMPANIE D STRICK HEREZ in almost and amoretime bom to allow a torte week, the here we books lomen allatentle - iem to les a brother and Affecting Butter Teles is theken simple will place the 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the runeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to lurial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate to executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7198
CERTIFICATE OF DEATH

	5/1/1/21/							
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
Worcester MARYLAND	a. STATE Maryland b. county Wicomico							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Stockton	Hebron (Rural) 12x 2							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE							
Holland's Nursing Home	R.D.# 1 ON A FARM? YES NO							
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
(Type or print) HELEN (NMI) TWI	DEC. 29 1965							
TO TOTAL TO SEE THE PER THAT THE SEE THE PER THAT THE SEE THE	9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.							
	Aug 23/1892 73 yrs. 4 6 Hours Mill.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? US A							
13. FATHER'S NAME								
Roby W. Horsey	14. MOTHER'S MAIOEN NAME Kate Ellis							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO Hebron. Maryland								
18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: ACTE PUL M	ON ARM FORMA 218-							
4434								
Conditions, If any, which } OUE TO HUPERTENSIVE	APDIONAS CULAR DE DOSE 10 y							
gave rise to Immediate								
underlying over less								
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY							
3 HEMIDLEGIA DIF OR C.V.	PERFORMED?							
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RREO. (Enter nature of Judury In Part I or Part II of Item 18.)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF CONTRIBUTIONS CONTRIBUTING TO CONTRIBUTIONS CONTRIBUTIONS TO CONTRIBUTIONS CONTRIBUTIONS TO CONTRIBUTIONS CONTRIBUTIONS TO								
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While a.m. 19 at work at work	y, street, office bidg., etc.)							
saw the deceased alive on 128 1995, and that death occurred at M, from the causes and on the date stated above.								
21. I certify that (I) (this hospital) attended the deceased from DCTADO 180A, to DCC 29, 1965, that (I) (we) last saw the deceased alive on DCC 1965, and that death occurred at M, from the causes and on the date stated above. 22a. SICHATURE 22b. DATE SIGNED								
/ drufa La mar M.O.	ATTENOING MED. STAFF							
224 ANYCICIANIC	22d. ADDRESS							
NAME (Type). Robert C. LaMar	104 N.Bay St. Snow Hill, Maryland							
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)								
REMOVAL (Specify) Dec. 31/1965 Mardela Memo								
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
HOLLOWAY & COMPANY SALISBURY, MARY	LAND ONTEN 7 1966 Schooles Judge							

VR ALS (4)

E Marin See High a Commission of the contract of . . . we within all the 25 FET (75 E) T, T Te. 1. Talling and long of the control of the contr Market Street Street Fred Fred Street CERTIFICATION SOLVEN FOR THE WAY A STATE OF THE STATE OF with the second and t SHOTEL LE TO PRESENT SERVICE CONTRACT CON CONTRACT CONTRA THE CHARLES OF THE PROPERTY IS A 2 HOUSE BUT THE